

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2471

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY  
Encl #3  
DPP-3969-59  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$1.	69
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Use continuation sheet(s) if necessary		Total		\$1.	69

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_

I certify that the above bill is correct and just and that payment has not been received.  
(Sign original only)

Date 5- \_\_\_\_\_  
Per \_\_\_\_\_  
Contract No. \_\_\_\_\_

(Payee must NOT use this space)  
Differences \_\_\_\_\_  
Amount verified; correct for (Signature or initials) EC

Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
(Authorized Certifying Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_ (Sign original only)

\* When a voucher is signed or rec'd in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee. If the company or corporation is a partnership, the name of the partner must be written in the space provided for the signature of the payee. If the company or corporation is a sole proprietorship, the name of the proprietor must be written in the space provided for the signature of the payee. If the company or corporation is a corporation, the name of the officer must be written in the space provided for the signature of the payee. If the company or corporation is a partnership, the name of the partner must be written in the space provided for the signature of the payee. If the company or corporation is a sole proprietorship, the name of the proprietor must be written in the space provided for the signature of the payee. If the company or corporation is a corporation, the name of the officer must be written in the space provided for the signature of the payee.

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040068-8

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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040068-8